

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35666

Registration District No. 625

Primary Registration District No. 5-827

Registrar's No. 122

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Maryville Rural
(c) Name of hospital or institution County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs.
In this community 15 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MATILDA RANDOLPH.

3. (b) If veteran, name war. — 3. (c) Social Security No. none

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Apr. 26, 1842
(Month) (Day) (Year)

8. AGE: Years 99 Months 4 Days 22
If less than one day hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business County Farm
12. Name John Randolph
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Mrs. Martha Ringold
(City, town, or county) (State or foreign country)

16. (a) Informant Hopkins Mo.
(b) Address —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) Sept 19-41 (b) Matilda E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville Rural
(d) Street No. County Farm
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Mar 1st
1939 to Sept 17 1941
that I last saw her alive on Mar 16 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza (Bronchial) Duration 2 days
1 wk

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 330

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury —
While at work? —
23. Signature B. E. Lewis (M. D. or other) —
Address Maryville Mo. Date signed 19 1941

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John W. Price

Licensed Embalmer No. *32291*

P. O. Address.....

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.